## & EPA

## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (10 be as-

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

and on-site inspections.									
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Sits Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.									
I. SITE IDENTIFICATION									
A. SITE NAME  B. STREET;(or other identifier)									
Quail Creek Landfill-#05/50585 Centerville Rd., South of M-K-T RR									
Garland 7 KD 980697205	D. STATE TX	75041	Dallas						
G. OWNER/OPERATOR (II known)  1. NAME owner: W. G. Lyons, Inc., 7	ph. 214/278-4065								
operator: City of Garland 214/494-7100									
H. TYPE OF OWNERSHIP  1. FEDERAL 2. STATE 3. COUNTY 4 MUNICIPAL XX5 PRIVATE 5 UNKNOWN									
I. SITE DESCRIPTION									
This site served as the city landfill fr									
solid waste was accepted at this site.	<del></del>	nazardous was	<del></del>						
J. HOW IDENTIFIED (1.e., citizen's complaints, OSHA citations,	e(c.)		K. DATE IDENTIFIED  (mo., day, & yr.)						
North Central Texas COG			9/23/80						
L. PRINCIPAL STATE CONTACT									
1. NAME			2. TELEPHONE NUMBER						
Hera Wilner Th			5/2/458-7271						
/ II.i PRÉLIMINARY ASSI	SSMENT (complete	this section last)							
A. APPARENT SERIOUSNESS OF PROBLEM  1. HIGH  2. MEDIUM  3. LOW  XX	NONES	пикиоми							
B. RECOMMENDATION  XX 1. NO ACTION NEEDED (no hexerd)  3. SITE INSPECTION NEEDED	a. TEN	DIATE SITE INSPEC	SUPERFUND F						
B. TENTATIVELY SCHEDULED FOR:	0. WIL	L SE PERFORMED							
b. WILL BE PERFORMED BY:			<b>JUN 1`5 19</b> 92						
	4. SITE	INSPECTION NEED	ED (low priority)						
			REORGANIZLE						
C. PREPARER INFORMATION									
1. NAME	Į <sup>–</sup>	EPHONE NUMBER	3. DATE (mo., day, d. yr.)						
Rex H. Hunt Ray 21.21 L.E.		460-3032	02/24/81						
	ITE INFORMATION								
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intro-quently.)	receive (Those sites		idente like "midnight dumping" where site for waste disposal has occurred»)						
B. IS GENERATOR ON SITE?									
1. NO 2. YES (speci	fy generator's four—dig	it SIC Code):	<del></del>						
C. AREA OF SITE (In acres) D. IF APPARENT SER	RIOUSNESS OF SITE IS	•	DORDINATES						
35 to 40 32 <sup>0</sup> 54 <sup>1</sup>	96 37'								
E. ARE THERE BUILDINGS ON THE SITE!	······································	<del>i</del>	<del></del>						
1. HO 2. YES (apacity):	94197	9419747							

T2070-2 (10-79)

Continue On Reverse

"C 31	ntinged From Front									·				
					_			OF SITE ACTIVIT						
Inc	licate the major site	e a	tivity(1e:	s) and deta	ils	relating to each a	cti	vity by marking 'X' ir	ı th	e appro	ppr	iate boxes	•	<del>"</del>
. x .	A. TRANSPOR	TE	×		B. STORER C. TREATER		,	<u>×</u>	0	. D	ISPOSER			
Ш	1. RAIL			I. PILE			$\Box$	1. FILTRATION			x	. LANDFIL	<u>- L</u>	
	2. SHIP			2. SURFA	CE	IMPOUNDMENT		2. INCINERATION			_	2. LANDFA	RM	
	3. BARGE		↓.	3. DRUMS				3. VOLUME REDUCTION	NC		_	3. OPEN DI	JMF	
	4. TRUCK			4. TANK.	48	OVE GROUND		4. RECYCLING/RECO	٧E	RY		4. SURFACE	E O	MPOUNDMENT
	5. PIPELINE			5. TANK, BELOW GROUND				5. CHEM./PHYS. TREATMENT				S. MIDNIGHT DUMPING		
6. OTHER (specify):		L	6. OTHER (specify):				6. BIOLOGICAL TREATMENT				6. INCINERATION			
							7. WASTE OIL REPROCESSING				7. UNDERGROUND INJECTION			
							$\overline{}$	8. SOLVENT RECOVERY  9. OTHER (specify):			8. OTHER (specify):			
t	E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED this site was used only for municipal solid waste. No hazardous waste was disposed of at this site.													
	·····				_	V. WASTE RELAT	F	INFORMATION						· <del>····································</del>
V. WASTE RELATED INFORMATION  A. WASTE TYPE  1 UNKNOWN 2. LIQUID XX3. SOLID 4. SLUDGE 5. GAS														
B. WASTE CHARACTERISTICS  1 UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE 5 HIGHLY VOLATILE  6. TOXIC 7 REACTIVE 8. INERT 9 FLAMMABLE  XXX XXX XXXIO. OTHER (specify): Municipal solid waste only														
,	XXX0. OTHER (specify): Municipal solid waste only  C. WASTE CATEGORIES  1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.  no records available													
_				unit of mea	ารน	re)of waste by cat	ego	ory; mark 'X' to indic	ate	which	we	istes are p	res	ent.
<del>-</del>		ъ. OI			c. SOLVENTS	Ť	d. CHEMICALS		e. \$0			Г	f. OTHER	
AMOUNT AMOUNT			<del></del>	AMOUNT		┪	AMOUNT		AMOUNT			AN	IOUNT	
							İ		73000			Ì		
UNIT OF MEASURE UNIT OF		IT OF ME	ASURE	RE UNIT OF MEASURE		Ü	UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE			
Χ,	(1) PAINT. PIGMENTS	·x·	(1) OIL Y WAST	ÉS	, X.	(1) HALOGENATED SOLVENTS		X. (1) A CIDS	' X '	(I) FLY	A 5	н	.×.	(1) LABORATORY PHARMACEUT.
	(2) METALS SLUDGES	$\vdash$	(2) O THE	R (specity):		(2) NON-HALOGNTE SOLVENTS	•	(2) PICKLING LIQUORS		(2) ASB	£ S	TOS		121HOSPITAL
	(3) POTW					(3) OTHER(specify)	-	(3) CAUSTICS		(3) MIL		NG/ TAILINGS		(3) RADIOACTIVE
	:41 A LUMINUM SLUDGE	 						(4) PESTICIDES	L	(4) FER	TG	OUS . WASTES		(41MUNICIPAL
	(5) OTHER(specify):							(5) DYES/INKS	77			ERROUS . WASTES		IE) OTHER(specity):
							-	(8) CYANIDE	M	unici	рa	l solid		
								(7) PHENOLS	e	stima	tε	ed based verage		
								(8) HALOGENS	Ρ	opu1a	t i	on of erved.		
				ı			-	(9) PCB	R	emain opula	de	er of		
				;				(10) METALS	s	erved	t	y Miles ndfill.		
							+	(11)OTHER(specify)	1	<b>-</b>				

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hezerd).

As this site accepted only municipal solid waste and as adequate control over site access and operation was probably exercised by the city, no hazardous waste problem is anticipated

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION									
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E.REMARKS					
1. NO HAZARD	XXXXXX								
2. HUMAN HEALTH									
3. NON-WORKER 3. INJURY/EXPOSURE									
4. WORKER INJURY									
B. CONTAMINATION B. OF WATER SUPPLY									
6. CONTAMINATION 6. OF FOOD CHAIN									
7. CONTAMINATION OF GROUND WATER									
8. CONTAMINATION 8. OF SURFACE WATER									
9. FLORA/FAUNA				•					
10. FISH KILL									
11. CONTAMINATION OF AIR									
12. NOTICEABLE ODORS									
13. CONTAMINATION OF SOIL									
14. PROPERTY DAMAGE									
15. FIRE OR EXPLOSION									
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS									
17. SEWER, STORM									
18. EPOSION PROBLEMS									
19. INADEQUATE SECURITY									
20. INCOMPATIBLE WASTES									
21. MIDNIGHT DUMPING									
2 2. OTHER (specify):									

Continued From Front

VII. PERMIT INFORMATION									
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.  NON E									
1. NPDES PERMIT	2. SPCC PLAN	2. SPCC PLAN 3. STATE PERMIT(specily):							
4. AIR PERMITS	5. LOCAL PERMIT	LOCAL PERMIT 6. RCRA TRANSPORTER							
7 RCRA STORER	B RCRA TREATER	9 RCRA DISPOSE	R						
	10. OTHER (specily):								
B. IN COMPLIANCE?	2. NO	3. UNKNOWN							
4. WITH RESPECT TO (list regulation name & number):									
   <u></u>	<u>\</u>	III. PAST REGULATO	DRY ACTIONS						
XX A. NONE	B. YES (summarize	below)	·						
<u> </u>	IX. IN	ISPECTION ACTIVITY	(past or on-going)						
XX A NONE	B. YES (complete iter	me 1,2,3, & 4 below)							
1. TYPE OF ACTIV	2 DATE O PAST ACTI (mo., day, &	ON BY:	4. DESCRIPTION						
			:						
·									
	X.	REMEDIAL ACTIVITY	(past or on-going)						
🖾 A. NONE	B. YES (complete ite	ms 1, 2, 3, & 4 below)							
1. TYPE OF ACTIV	2. DATE O PAST ACTI (mo., day, &	ON BY:	4. DESCRIPTION						
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.									

